



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

(Name)

NAIC Group Code 00572 (Current Period) , 00572 (Prior Period) NAIC Company Code 11557 Employer's ID Number 47-2582248

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 12/18/2014 Commenced Business 01/01/2003

Statutory Home Office 4000 Town Center, Suite 1300 (Street and Number) , Southfield, MI, US 48075 (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive (Street and Number)
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number)

Mail Address 4000 Town Center, Suite 1300 (Street and Number or P.O. Box) , Southfield, MI, US 48075 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive (Street and Number)
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address MiBlueCrossComplete.com

Statutory Statement Contact Purvis Bell (Name) , 248-663-7329 (Area Code) (Telephone Number) (Extension)
pbell@mibluccrosscomplete.com (E-Mail Address) 248-663-7475 (Fax Number)

OFFICERS

Name	Title	Name	Title
Michael John Burgoyne	Treasurer	Robert Edward Tootle, Esquire	Secretary
Rebecca Jane Engelman	President		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Eileen Mary Coggins	Rebecca Jane Engelman	Tricia Ann Keith #	Lynda Marie Rossi
Cathy Ann Flowers #			

State of Pennsylvania

County of Philadelphia

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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Burgoyne
Treasurer

Robert Edward Tootle, Esquire
Secretary

Rebecca Jane Engelman
President

Subscribed and sworn to before me this
day of February, 2022

- a. Is this an original filing? Yes [X] No []
- b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables				1,102,586	.0	1,589,981
2. Claim overpayment receivables	1,574,511	38,078,395		330,570	1,574,511	1,958,736
3. Loans and advances to providers0	
4. Capitation arrangement receivables0	
5. Risk sharing receivables0	
6. Other health care receivables		30,916,704		6,994,955	.0	1,028,944
7. Totals (Lines 1 through 6)	1,574,511	68,995,099	0	8,428,111	1,574,511	4,577,661

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	2,014,354		763,631	1,250,723	1,250,723	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	2,715,027		951,612	1,763,415	1,763,415	
6. Total	4,729,381	0	1,715,243	3,014,138	3,014,138	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Blue Cross Complete of Michigan LLC 2. (LOCATION)

NAIC Group Code	00572	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2021					NAIC Company Code	11557
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	289,577								289,577	
2. First Quarter	304,216								304,216	
3. Second Quarter	313,940								313,940	
4. Third Quarter	320,968								320,968	
5. Current Year	324,160								324,160	
6. Current Year Member Months	3,755,550								3,755,550	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,867,186								1,867,186	
8. Non-Physician	801,837								801,837	
9. Total	2,669,023	0	0	0	0	0	0	0	2,669,023	0
10. Hospital Patient Days Incurred	167,292								167,292	
11. Number of Inpatient Admissions	29,528								29,528	
12. Health Premiums Written (b).....	1,231,752,619								1,231,752,619	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,231,752,619								1,231,752,619	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	989,733,251								989,733,251	
18. Amount Incurred for Provision of Health Care Services	1,030,080,913								1,030,080,913	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Blue Cross Complete of Michigan LLC 2. (LOCATION)

NAIC Group Code	00572	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2021					NAIC Company Code		11557
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	289,577	0	0	0	0	0	0	0	289,577	0	
2 First Quarter	304,216	0	0	0	0	0	0	0	304,216	0	
3 Second Quarter	313,940	0	0	0	0	0	0	0	313,940	0	
4. Third Quarter	320,968	0	0	0	0	0	0	0	320,968	0	
5. Current Year	324,160	0	0	0	0	0	0	0	324,160	0	
6 Current Year Member Months	3,755,550	0	0	0	0	0	0	0	3,755,550	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	1,867,186	0	0	0	0	0	0	0	1,867,186	0	
8. Non-Physician	801,837	0	0	0	0	0	0	0	801,837	0	
9. Total	2,669,023	0	0	0	0	0	0	0	2,669,023	0	
10. Hospital Patient Days Incurred	167,292	0	0	0	0	0	0	0	167,292	0	
11. Number of Inpatient Admissions	29,528	0	0	0	0	0	0	0	29,528	0	
12. Health Premiums Written (b).....	1,231,752,619	0	0	0	0	0	0	0	1,231,752,619	0	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	1,231,752,619	0	0	0	0	0	0	0	1,231,752,619	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	989,733,251	0	0	0	0	0	0	0	989,733,251	0	
18. Amount Incurred for Provision of Health Care Services	1,030,080,913	0	0	0	0	0	0	0	1,030,080,913	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	(8)	1,615
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	553	1,430
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	414,815,005		414,815,005
2. Accident and health premiums due and unpaid (Line 15).....	22,181,335		22,181,335
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	8,285,082		8,285,082
6. Total assets (Line 28)	445,281,422	0	445,281,422
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	147,315,720	0	147,315,720
8. Accrued medical incentive pool and bonus payments (Line 2).....	2,634,275		2,634,275
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	143,240,215		143,240,215
15. Total liabilities (Line 24).....	293,190,210	0	293,190,210
16. Total capital and surplus (Line 33).....	152,091,212	XXX	152,091,212
17. Total liabilities, capital and surplus (Line 34)	445,281,422	0	445,281,422
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL0
2. Alaska	AK0
3. Arizona	AZ0
4. Arkansas	AR0
5. California	CA0
6. Colorado	CO0
7. Connecticut	CT0
8. Delaware	DE0
9. District of Columbia	DC0
10. Florida	FL0
11. Georgia	GA0
12. Hawaii	HI0
13. Idaho	ID0
14. Illinois	IL0
15. Indiana	IN0
16. Iowa	IA0
17. Kansas	KS0
18. Kentucky	KY0
19. Louisiana	LA0
20. Maine	ME0
21. Maryland	MD0
22. Massachusetts	MA0
23. Michigan	MI0
24. Minnesota	MN0
25. Mississippi	MS0
26. Missouri	MO0
27. Montana	MT0
28. Nebraska	NE0
29. Nevada	NV0
30. New Hampshire	NH0
31. New Jersey	NJ0
32. New Mexico	NM0
33. New York	NY0
34. North Carolina	NC0
35. North Dakota	ND0
36. Ohio	OH0
37. Oklahoma	OK0
38. Oregon	OR0
39. Pennsylvania	PA0
40. Rhode Island	RI0
41. South Carolina	SC0
42. South Dakota	SD0
43. Tennessee	TN0
44. Texas	TX0
45. Utah	UT0
46. Vermont	VT0
47. Virginia	VA0
48. Washington	WA0
49. West Virginia	WV0
50. Wisconsin	WI0
51. Wyoming	WY0
52. American Samoa	AS0
53. Guam	GU0
54. Puerto Rico	PR0
55. US Virgin Islands	VI0
56. Northern Mariana Islands	MP0
57. Canada	CAN0
58. Aggregate Other Alien	OT0
59. Totals		0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	MI	RE	State of Michigan.....	Legal.....		Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	38-4093181				Emergent Holdings, Inc.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	27-0521030				Accident Fund Holdings, Inc.....	MI	NIA	Emergent Holdings, Inc.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	AA-0000000				AF Global Capital, Ltd.....	GBR	NIA	Accident Fund Holdings, Inc.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	10166	38-3207001				Accident Fund Insurance Company of America.....	MI	IA	Accident Fund Holdings, Inc.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	26-4728075				Affinity Services, LLC.....	MI	NIA	Accident Fund Holdings, Inc.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	32-0550098				Fundamental Agency, Inc.....	WI	NIA	Accident Fund Holdings, Inc.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	29157	39-0941450				United Wisconsin Insurance Company.....	WI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	12304	20-3058200				Accident Fund General Insurance Company.....	MI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	12305	20-3058291				Accident Fund National Insurance Company.....	MI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	10713	36-4072992				Third Coast Insurance Company.....	WI	IA	Accident Fund Insurance Company of America.....	OWNERSHIP.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0

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SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.	12177	20-1117107				CompWest Insurance Company	CA	IA	Accident Fund Insurance Company of America	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	20-1420821				LifeSecure Holdings Corporation	AZ	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	80.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	7
00572	BC/BS of Michigan Mutual Insurance Co.	77720	75-0956156				LifeSecure Insurance Company	MI	IA	LifeSecure Holdings Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	7
00572	BC/BS of Michigan Mutual Insurance Co.	95610	38-2359234				Blue Care Network of Michigan	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	NIA	Blue Care Network of Michigan	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-3854611				Michigan Medicaid Holdings Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	0
00572	BC/BS of Michigan Mutual Insurance Co.	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	Michigan Medicaid Holdings Company	OWNERSHIP	50.0	BCBSM and Independence Health Group, Inc.	NO	5
00572	BC/BS of Michigan Mutual Insurance Co.	00000	85-4338099				Care Transformation Holding Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-2312291				TRIARQ Health, LLC	MI	NIA	Care Transformation Holding Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	98-1621026				TRIARQ Health, LLP	IND	NIA	TRIARQ Health, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	14
00572	BC/BS of Michigan Mutual Insurance Co.	00000	35-2620231				TRIARQ Health Alliance of Florida, LLC	FL	NIA	TRIARQ Health, LLC	OWNERSHIP	90.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	15

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SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.	00000	61-1870820				TRIARQ Health Alliance of Michigan, LLC	MI	NIA	TRIARQ Health, LLC	OWNERSHIP	68.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	16
00572	BC/BS of Michigan Mutual Insurance Co.	00000	34-2032238				GloStream, Inc.	MI	NIA	Care Transformation Holding Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	83-2485797				One Team Care, LLC	MI	NIA	GloStream, Inc.	OWNERSHIP	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	17
00572	BC/BS of Michigan Mutual Insurance Co.	00000	34-2032238				GloStream Inc. 401(K) Plan & Trust	MI	OTH	Care Transformation Holding Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	15649	47-2221114				Woodward Straits Insurance Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	81-3438452				COBX Co.	MI	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-5653683				Advantasure, Inc.	MI	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	11-3738370				ikaSystems Corporation	DE	NIA	Advantasure, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-4522025				Tessellate Holdings, LLC	DE	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-3742721				Tessellate, LLC	DE	NIA	Tessellate Holdings, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-3513429				Covantage Health Partners, Inc.	MI	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4009427				NextBlue, LLC.....	DE	NIA	Covantage Health Partners, Inc.....	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	16739	84-3789332				NextBlue of North Dakota Insurance Company.....	ND	IA	NextBlue, LLC.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4367791				Vermont Blue Advantage, LLC.....	DE	NIA	Covantage Health Partners, Inc.....	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	16793	84-4331472				Vermont Blue Advantage, Inc.....	VT	IA	Vermont Blue Advantage, LLC.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	86-1598901				Wellmark Advantage Holdings, LLC.....	DE	NIA	Covantage Health Partners, Inc.....	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	17001	86-1598618				Wellmark Advantage Health Plan, Inc.....	IA	IA	Wellmark Advantage Holdings, Inc.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	58-1767730				NASCO Corporation.....	DE	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4115688				InnovateRX LLC.....	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	10.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	83-1246927				Civica Outpatient Subsidiary, LLC.....	DE	NIA	InnovateRX LLC.....	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	85-3092159				Evio Pharmacy Solutions, LLC.....	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	20.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00001	87-4051658				Bricktown Capital, LLC.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00572	BC/BS of Michigan Mutual Insurance Co	00000	84-6869872				Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	10
00572	BC/BS of Michigan Mutual Insurance Co	00000	84-6871980				Blue Cross Blue Shield of Michigan Non-Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Managerment		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	10
00572	BC/BS of Michigan Mutual Insurance Co	00000	81-6482696				Blue Cross Blue Shield of Michigan Long-Term Disability Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	11
00572	BC/BS of Michigan Mutual Insurance Co	00000	30-1140600				Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	12
00572	BC/BS of Michigan Mutual Insurance Co	00000					Blue Cross Blue Shield of Michigan 401(K) Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00000	Independence Health Group, Inc / BCBSM	00000	30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	38.7	BCBSM and Independence Health Group, Inc	NO	0
00000	Independence Health Group, Inc / BCBSM	00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	3
00000	Independence Health Group, Inc / BCBSM	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	OWNERSHIP	50.0	BCBSM and Independence Health Group, Inc	NO	5
00000	Independence Health Group, Inc / BCBSM	14378	45-4088232				AmeriHealth Caritas Florida, Inc	FL	IA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Independence Health Group, Inc / BCBSM	00000	45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	70.0	BCBSM and Independence Health Group, Inc.and Good Life Partners, Inc	NO	4
00000	Independence Health Group, Inc / BCBSM	00000	26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	3
00000	Independence Health Group, Inc / BCBSM	00000	26-1144363				AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc	LA	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	95458	57-1032456				Select Health of South Carolina, Inc	SC	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	13630	26-0885397				CBHNP Services, Inc	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	15088	46-1482013				AmeriHealth District of Columbia, Inc	DC	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	15104	46-0906893				AmeriHealth Michigan, Inc	MI	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc	NH	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16980	84-2435374				AmeriHealth Caritas Ohio, Inc	OH	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16451	82-1141687				AmeriHealth Caritas Texas, Inc	TX	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Independence Health Group, Inc / BCBSM	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc	NC	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc	NM	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	61-1847073				AmeriHealth Caritas Delaware, Inc	DE	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	83-3241978				AmeriHealth Caritas Minnesota, Inc	MN	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	86-2442207				AmeriHealth Caritas California, Inc	CA	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc	OK	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	85-3713213				AmeriHealth Caritas Nevada, Inc	NV	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	87-4065041				AmeriHealth Caritas VIP Next, Inc	DE	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	85-4321302				Social Determinants of Life, Inc	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	47-5496220				Wider Circle Inc	DE	NIA	Social Determinants of Life, Inc	OWNERSHIP	27.1	BCBSM and Independence Health Group, Inc	NO	13
00000		00000	36-4247278				BCS Financial Corporation	DE	NIA	BCBSM and Accident Fund Insurance Company of America	OWNERSHIP	13.7	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00000		80985	36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6
00000		38245	36-6033921				BCS Insurance Company	OH	IA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6
00000		00000	36-3120811				BCS Insurance Agency, Inc	IL	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6

SCHEDULE Y

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
00000	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54291	38-2069753	Blue Cross Blue Shield of Michigan Mu	69,700,000	(46,118,945)			1,150,213,139	(39,736,870)		(125,785,451)	1,008,271,873	47,565,391
95610	38-2359234	Blue Care Network of Michigan					(1,427,227,272)	(41,524,791)			(1,468,752,063)	0
00000	27-0521030	Accident Fund Holdings, Inc.	15,500,000				(11,140,222)				4,359,778	
10166	38-3207001	Accident Fund Insurance Company of Am	(85,500,000)				56,496,954		*		(29,003,046)	2,143,254,600
12304	20-3058200	Accident Fund General Insurance Company					(101,723,145)		*		(101,723,145)	(518,662,588)
12305	20-3058291	Accident Fund National Insurance Company					(37,534,688)		*		(37,534,688)	(297,052,039)
10713	36-4072992	Third Coast Insurance Company					(3,425,952)		*		(3,425,952)	(373,355,631)
29157	39-0941450	United Wisconsin Insurance Company					(5,463,736)		*		(5,463,736)	(598,360,489)
11557	47-2582248	Blue Cross Complete of Michigan LLC					(182,563,518)				(182,563,518)	
00000	38-2338506	Blue Cross Blue Shield of Michigan Fo					(1,307,063)				(1,307,063)	
12177	20-1117107	CompWest Insurance Company					(20,766,381)		*		(20,766,381)	(355,823,853)
77720	75-0956156	LifeSecure Insurance Company					(3,585,985)				(3,585,985)	
00000	58-1767730	NASCO LLC					64,051,085				64,051,085	
00000	27-0863878	PerformRx, LLC					10,184,098				10,184,098	
00000	45-3742721	Tessellate, LLC					42,634,837			(52,543,386)	(9,908,549)	
00000	47-2221114	Woodward Straits Insurance Company	(69,700,000)				(14,463,193)	81,261,661			(2,901,532)	(47,565,391)
00000		AF Global Capital, Ltd.					955,181				955,181	
00000	11-3738370	ikaSystems Corporation					(13,343,577)			16,709,784	3,366,207	
00000	47-4522025	Tessellate Holdings, LLC					4,198,710				4,198,710	
00000	81-3438452	COBX Co					24,791,096			31,779,735	56,570,831	
00000	61-1729412	PerformSpecialty, LLC					69,444,296				69,444,296	
00000	26-4728075	Affinity Services, LLC					(227,320)				(227,320)	
00000	45-5415725	AmeriHealth Caritas Services LLC					101,739,249				101,739,249	
00000	32-0550098	Fundamental Agency, Inc.					244,933				244,933	
00000	38-4093181	Emergent Holdings, Inc.	70,000,000	(73,870,000)			(1,895,676)			72,437,209	66,671,533	
00000	84-3513429	Covantage Health Partners		0			2,621,607			39,269,122	41,890,729	
00000	84-4367791	Vermont Blue Advantage, LLC		0							0	
16793	84-4331472	Vermont Blue Advantage, Inc.		5,610,000			(6,010,020)				(400,020)	
00000	84-4009427	NextBlue, LLC		0							0	
16739	84-3789332	NextBlue of North Dakota Insurance Co		6,120,000			(5,112,366)				1,007,634	
00000	85-4338099	Care Transformation Holding Company		46,118,945							46,118,945	
00000	84-6869872	BCBSM BU Internal Health Benefit Trust					155,843				155,843	
00000	84-6871980	BCBSM Non-BU Internal Health Benefit Tr					2,737,651				2,737,651	
00000	38-2006975	BCBSM 401(K) Master Trust					136,410,501				136,410,501	
00000	86-1598901	Wellmark Advantage Holdings, LLC		0							0	
17001	86-1598618	Wellmark Advantage Health Plan, Inc		7,140,000			(6,702,557)				437,443	
00000	47-2312291	TRIARQ Health, LLC					633,846			1,003,418	1,637,264	
00000	34-2032238	GloStream, Inc.					(669,420)				(669,420)	
00000	47-5653683	Advantasure, Inc.		55,000,000			174,894,656			17,129,569	247,024,225	
00000	47-5496220	Wider Circle, Inc.					754,409				754,409	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

01 Footnote - Accident Fund General Insurance Company; Accident Fund National Insurance Company; Third Coast Insurance Company; United Wisconsin Insurance Company; and CompWest Insurance Company participate in a 100% pooling arrangement with Accident Fund Insurance Company of America

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY’S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	100.000 %	NO	State of Michigan.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	100.000 %	NO
Blue Care Network of Michigan.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	100.000 %	NO
LifeSecure Insurance Company.....	LifeSecure Holdings Corporation.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	LifeSecure Holdings Corporation.....	80.000 %	NO
LifeSecure Insurance Company.....	LifeSecure Holdings Corporation.....	100.000 %	NO	BCS Financial Corporation.....	LifeSecure Insurance Company.....	20.000 %	NO
Accident Fund Insurance Company of America.....	Accident Fund Holdings Inc.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Holdings, Inc.....	100.000 %	NO
Accident Fund General Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
Accident Fund National Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
United Wisconsin Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
Third Coast Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
CompWest Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Accident Fund Insurance Company of America.....	100.000 %	NO
NextBlue of North Dakota Insurance Company.....	NextBlue LLC.....	100.000 %	NO	Healthy Dakota Mutual Holdings.....	Covantage Health Partners.....	51.000 %	NO
NextBlue of North Dakota Insurance Company.....	NextBlue LLC.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NextBlue of North Dakota Insurance Company.....	49.000 %	NO
Vermont Blue Advantage, Inc.....	Vermont Blue Advantage LLC.....	100.000 %	NO	Blue Cross Blue Shield of Vermont.....	Covantage Health Partners.....	51.000 %	NO
Vermont Blue Advantage, Inc.....	Vermont Blue Advantage LLC.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	BCBS of VT Grp.....	49.000 %	NO
Wellmark Advantage Health Plan, Inc.....	Wellmark Advantage Holdings, LLC.....	100.000 %	NO	Wellmark, Inc.....	Covantage Health Partners.....	51.000 %	NO
Wellmark Advantage Health Plan, Inc.....	Wellmark Advantage Holdings, LLC.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Wellmark, Inc.....	49.000 %	NO
Blue Cross Complete of Michigan LLC.....	Michigan Medicaid Holdings Company.....	50.000 %	NO	IBC MH LLC.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	50.000 %	NO
Blue Cross Complete of Michigan LLC.....	AmeriHealth Caritas Health Plan.....	50.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Independence Health Group Inc.....	50.000 %	NO
AmeriHealth Michigan, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	IBC MH LLC.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
AmeriHealth Michigan, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Texas, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	IBC MH LLC.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
AmeriHealth Caritas Texas, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Independence Health Group Inc.....	61.300 %	NO
Select Health of South Carolina Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	IBC MH LLC.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
Select Health of South Carolina Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Florida, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	IBC MH LLC.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
AmeriHealth Caritas Florida, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas New Hampshire, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	IBC MH LLC.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
AmeriHealth Caritas New Hampshire, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Independence Health Group Inc.....	61.300 %	NO
AmeriHealth Caritas Louisiana, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	IBC MH LLC.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	38.700 %	NO
AmeriHealth Caritas Louisiana, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	IBC MH LLC.....	Independence Health Group Inc.....	61.300 %	NO

SCHEDULE Y

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
13.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
14.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
16.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

19.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
20.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
21.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....
22.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....
23.

Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

.....NO.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....NO.....

Explanation:

10.

Business not written
11.

Business not written
12.

Business not written
13.

Business not written
14.

Business not written
15.

Business not written
16.

Business not written
17.

Business not written
18.

Business not written
19.

Business not written
20.

Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

22. Business not written

23. Business not written

24. Business not written

Bar code:

10.


1 1 5 5 7 2 0 2 1 3 6 0 5 9 0 0 0

11.


1 1 5 5 7 2 0 2 1 2 0 5 5 9 0 0 0

12.


1 1 5 5 7 2 0 2 1 4 2 0 0 0 0 0 0

13.


1 1 5 5 7 2 0 2 1 3 7 1 0 0 0 0 0

14.


1 1 5 5 7 2 0 2 1 3 7 0 0 0 0 0 0

15.


1 1 5 5 7 2 0 2 1 3 6 5 0 0 0 0 0

16.


1 1 5 5 7 2 0 2 1 2 2 4 0 0 0 0 0

17.


1 1 5 5 7 2 0 2 1 2 2 5 0 0 0 0 0

18.


1 1 5 5 7 2 0 2 1 2 2 6 0 0 0 0 0

19.


1 1 5 5 7 2 0 2 1 3 0 6 0 0 0 0 0

20.


1 1 5 5 7 2 0 2 1 2 1 1 0 0 0 0 0

21.


1 1 5 5 7 2 0 2 1 2 1 6 5 9 0 0 0

22.


1 1 5 5 7 2 0 2 1 2 1 7 0 0 0 0 0

23.


1 1 5 5 7 2 0 2 1 2 9 0 5 9 0 0 0

24.


1 1 5 5 7 2 0 2 1 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Deposits.....	51,518	51,518	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	51,518	51,518	0	0

M004 Additional Aggregate Lines for Page 04 Line 14.
*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. PCMH Passthrough Expense.....		3,515,136	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	3,515,136	0

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Donations.....	114,368	0	114,368		228,736
2505. Purchased Services.....	6,153	0	71,645		77,798
2506. Interest Expense.....	0	0	856		856
2507. Penalties.....			1,972		1,972
2508. Passthroughs.....			(6,512,035)		(6,512,035)
2597. Summary of remaining write-ins for Line 25 from Page 14	120,521	0	(6,323,194)	0	(6,202,673)

M016 Additional Aggregate Lines for Page 16 Line 25.
*EXNONADMIT - Exhibit of Nonadmitted Assets

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
2504. Deposits.....	51,518	51,518	0
2597. Summary of remaining write-ins for Line 25 from Page 16	51,518	51,518	0

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 13.
*ANAOPS - Analysis of Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10
		Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
	Total									
1304. PCMH Passthrough Expense.....	3,515,136							3,515,136		.XXX
1397. Summary of remaining write-ins for Line 13 from page 7	3,515,136	0	0	0	0	0	0	3,515,136	0	XXX